

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Darbouze, Prison Health Services  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, AL 36017-2613

A. Signature

*Shawn Baker*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-13-07

D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Yes☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from serv.)

7006 2760 0005 4873 9259

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Warden Davenport  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, AL 36017-2613

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Yes  
☐ No

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

7006 2760 0005 4873 9273

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Nurse Wilson, Director of Nursing  
Prison Health Services  
Easterling Correctional Facility  
200 Wallace Drive  
Clio, AL 36017-2613

A. Signature

X

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

2-13-07

D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Yes☐ No

2:07CV630

C, motion &amp; order

(40)

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number  
(Transfer from)

7006 2760 0005 4873 9266

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt